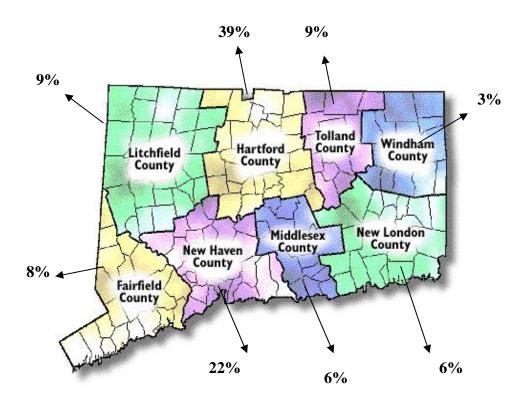


Percentage of OPA Clients Served by County



Contact Information:

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Office of Protection & Advocacy for Persons with Disabilities
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Table of Contents

Message from the Advocacy Board Chair and Executive Director			
Building Codes	3		
Case Services Unit	4		
Information & Referral Section	4		
Advocacy Representation Division	4		
Legal Division	5		
Legislation	9		
Abuse Investigation Division	10		
Community Outreach	11		
Fatality Review Board	12		
Fiscal Facts and Figures	13		
Major Issues Affecting People with Disabilities	14		
Abuse and Neglect of DMR Clients	14		
Housing and Transportation	14		
Imprisonment of Difficult-to-Serve People Instead of Developing			
Relevant Programs	14		
Nursing Home Placements			
Education			
Need for Coordinated System of Services to Support People with Developme			
Disabilities Other than Mental Retardation			
Inaccessibility of Services for Deaf and Hard of Hearing People			
Disaster Response Planning	15		
Appendices			
Federally Mandated OPA Programs for Persons with Disabilities			
OPA Table of Organization	17		

Message from the Executive Director and Advocacy Board Chair

OPA Advocacy Board

Kathryn Coffin Hartford, CT

Catherine Cook State Senator Mystic, CT

Eileen Furey Ashford, CT

Sujeila Gomez Hartford, CT

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James D. McGaughey Executive Director



Peter Tyrrell, Esq. Chairperson, Protection & Advocacy

For the staff and board members at the Office of Protection and Advocacy for Persons with Disabilities (OPA), 2005 has flashed by at breakneck speed: So many challenges, so many emerging issues (and so many longstanding ones), some disappointments, and more than a few noteworthy victories. We hope this report reflects something of these realities and that it offers enough concrete information to convey a sense of what we have been doing.

As we begin to put the events of 2005 into perspective, the year's most enduring memories seem to center around the impact of Hurricane Katrina. Somehow it is harder to walk away from images of such massive destruction when the people clinging to helicopter rescue slings and jammed into fetid, makeshift shelters are our fellow Americans. Stories about people who did not make it were especially compelling: nursing home residents who drowned in their beds, people who died in the steaming heat of unventilated hospitals as power to operate life support systems failed and supplies of food, water and medicine ran out. And then there were the stories about people with disabilities who were told they had to abandon wheelchairs and communications devices and service animals and, in some instances, even their personal support networks - the very foundations upon which their independence depended - in order to be evacuated to an unknown and unknowable future of indefinite duration in some distant city.

Fortunately, not all the news was awful. Community groups welcomed people into homes, neighbors rescued neighbors, and people unhesitatingly and generously gave help from all corners of the country and the world. Amid the stories of institutional failures, bureaucratic bungles and human tragedy, there was indisputable evidence that people care and can be counted on.

It will take some time to sort out all the lessons Katrina teaches. It is clear, however, that people with disabilities are especially vulnerable when the community infrastructure we all take for granted sustains serious disruption. We can, and need to develop better disaster response plans. But that may be the easy part. We also need to work on the underlying vulnerabilities that exist even when everything seems to be working well - the thoughtless misunderstanding that fails to value independence and autonomy; the ignorance that cannot recognize a person's potential; the barriers that obscure our common humanity and hide our need for each other. That is the real work of advocacy, and it is what the OPA system is all about.

Building Codes



"There's an OOPS on the table."

Construction on the Hartford Marriott was almost complete when an earlier plan oversight was called to the attention of the developer. The bathrooms in the accessible rooms did not meet the requirements of the building code and therefore were not accessible. An attempt to get a waiver from the accessibility requirement of the State Building Code was considered by OPA and denied. During the pursuant administrative hearing. the Codes and Standards Committee upheld the decision of OPA, recognizing that a mistake does not justify a waiver, especially since the building was new construction. Prior to the opening of the hotel, the Marriott had to redesign the accessible bathrooms to ensure they were accessible.

OPA, in collaboration with the Office of the State Building Inspector (OSBI), is charged with the responsibility of ruling on requests for exemptions from the accessibility provisions of the state building code and on the installation of wheelchair lifts. During the course of the year, OPA reviewed and made determinations on more than 160 requests for these "waivers" and 40 requests for approval to install wheelchair lifts.

This year, Connecticut adopted a new building code. Based on the model International Building Code, the new code maintains, and in some cases improves upon the accessibility requirements in the previous code. However, requirements for adaptable units in multifamily buildings changed, reflecting a series of compromises that improve certain features while lowering the percentage of units that will be required to meet the highest level ("Type A") adaptability standards. While the new code was being considered, OPA analyzed its provisions, provided informational materials for disability groups, and spearheaded efforts to educate policy makers about its potential impact on people with disabilities. The biggest lesson learned: enforcement of the code's accessibility and adaptability requirements is notably erratic. Future efforts need to focus on enforcement.



Case Services Unit - Information and Referral



Michael had been released from prison with no identification, 2 weeks of medicine, and no real place to live. He stayed with friends for a few days, but could not rely on them for long. Michael is a person with mental illness who also had a history of substance abuse. OPA helped Michael get into a shelter where he received counseling and was connected to clinics and an agency that could assist him in acquiring the identification necessary to obtain benefits and other support service.

The **Information & Referral Section** of the Case Services Unit provides information and referral services and short-term advocacy assistance. This section is, in most cases, the entry point for callers to OPA. Depending on the need presented, the Information & Referral Advocates may provide information, connect callers to the appropriate OPA unit, or make referrals to relevant outside agencies.

During the 2005 fiscal year, 7,013 individuals with disabilities, their family members, and interested parties contacted OPA or its subcontractors for assistance. Of these, 5,967 received information, referral, or short-term assistance. The remaining 1,046 individuals received a more intensive level of advocacy representation.

OPA's Information & Referral Advocates answered 631 inquiries related to fair housing issues, landlord tenant disputes, accommodations, rental denial, or termination, and zoning. They also responded to questions concerning personal decision making (673), education (543), access to services (347), employment (277), healthcare (272), financial entitlements (198), abuse and neglect (163), transportation (122), rights violations (121), rehabilitation services (121), personal assistance (98) and assistive technology (86). Callers' also contacted OPA with concerns about issues including the Americans with Disabilities Act (state and local government services and public accommodations), guardianship, recreation, voting, insurance, and daycare.

A 17 year-old high school senior with speech and neurological impairments contacted OPA for assistance with her special education program. The transition plan offered by the school system did not offer a coordinated array of services built upon appropriate evaluations and recommendations and did not address her vocational and community-based needs. The OPA Information & Referral Advocate obtained the necessary information from the family, reviewed the educational record and presented the case for acceptance by the case review team. An educational advocate is now assisting the family with obtaining a proper transition plan.



Case Services Unit - Advocacy Representation Division

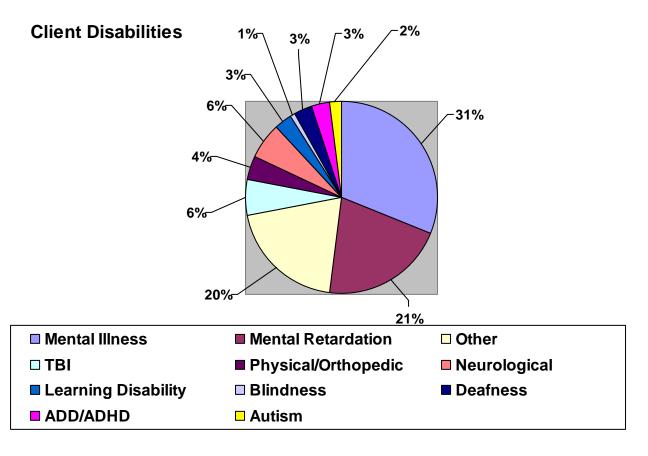
Advocates assigned to the **Advocacy Services Division** protect the rights of adults and children with disabilities living in institutions and community-based residential programs. They also intervene on behalf of children with disabilities who are experiencing difficulty obtaining appropriate educational supports. Case services staff attorneys represent individuals and groups seeking administrative or judicial remedies involving discrimination based on disability. The Advocacy Services Division of the Case Services Unit is composed of a number of distinct federally mandated advocacy programs for people with disabilities, as illustrated on the chart on page 17 of this report.

OPA advocates and attorneys addressed more than 580 issues while providing representation to 512 individuals with disabilities. Of the 512 individuals who received advocacy or legal representation, 136 lived in a public or private institution, 151 lived independently, and 151 resided with family members.



The Department of Motor Vehicles (DMV) sent Adam a letter requiring him to update his driver's license from a non-photo to a photo license. Adam has a severe panic disorder and agoraphobia preventing him from traveling more than a half mile from his home. He asked DMV to accommodate him by allowing the License Bus to meet him at a location within a half mile of his home. DMV refused. Adam contacted OPA and after extensive negotiation, Adam was accommodated and now has a photo license. The DMV agreed to have the license bus meet Adam near his home and he was able to obtain his photo license.





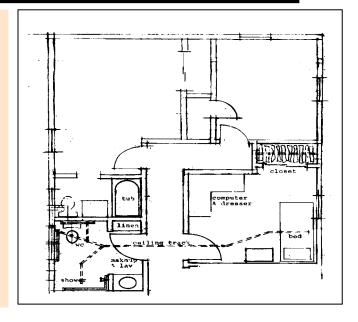
Parents of students attending the Hartford Transitional Learning Academy (HTLA) contacted OPA with a variety of concerns about the lack of appropriate academic and mental health supports for their children. They were also concerned about restraint and seclusion practices they considered to be abusive. litigating in Federal Court to obtain access to the school, OPA conducted an investigation. OPA found that HTLA had discontinued "hands on" disciplinary interventions in early 2005, but that it still did not provide a therapeutic environment, did not offer a coherent model of educational programming based on the identities and needs of its students, and did not provide adequate transitional planning or support. OPA's investigation report concluded recommending that the Hartford Public Schools continue to place HTLA students and teachers into neighborhood schools, and that HTLA, as a separate program, be phased out.



Case Services Unit – Legal Division

Home Modification

Ellen, a 19 year-old young woman with severe disabilities, contacted OPA reporting that the Bureau of Rehabilitation Services (BRS) was unresponsive to her request for a home modification. An OPA advocate assisted Ellen and her family with understanding her rights and working with BRS to employ the service of an architect. The architect met with the family, visited the home, and immediately offered several for a viable modification to her existing home.



The **Legal Services Division** provides legal advice and representation to selected agency clients. Staff attorneys also represent individuals and groups seeking administrative or judicial remedies involving discrimination based on disability. Other legal division activities include consulting with outside attorneys and members of the public on questions of disability law; conducting presentations about disabilities at seminars and conferences; and preparing comments on proposed state and federal regulations and policies. During the year, OPA legal unit provided individual and systemic representation on a number of legal issues including but not limited to, proper mental health treatment for prisoners in Connecticut correctional system; the inappropriate use of pepper spray in a hospital emergency room; educational programming for children with disabilities; violations of the Americans with Disabilities Act in recreation, after school programs and prisons; and denial of requests for building code waivers. Two cases also addressed the right to access educational and peer review records under OPA federal authority.



Sedgewick, a 10 year-old boy with diabetes, and his family received assistance from OPA with filing a discrimination complaint with the Commission on Human Rights and Opportunities (CHRO). An after school program initially accepted Sedgewick into its program, promising to file all the necessary paperwork that would allow the program to monitor his blood sugar levels. The program later refused to fulfill their obligation for accommodation, instead telling the parents that they would call 911 if an emergency arose. The case ultimately settled. The parents received a monetary award, the program wrote a letter of apology and agreed to amend their policies.

Case Services Unit



Marcia's train arrived in New Haven late in the evening. Her travel the following day was going to take her to her final destination, Massachusetts. Instead of spending the remainder of her money on a hotel room, Marcia decided to spend the night in the train station. Police approached Marcia and ordered her to move on, she refused. They were concerned about her due to her age (71) and her "behaviors" (refusing to leave the train station) so they had her brought to the local emergency room for a psychiatric evaluation. That was the end of Marcia's freedom. The professionals found her to be a danger to herself by her unsafe choice of traveling without means. Marcia was held in the hospital for weeks, as the hospital tried to decide how and to whom to release her. Marcia did not require medication to treat her "mental illness." The Chief Legal Counsel of the hospital contacted OPA for assistance in deciding Marcia's future.

The OPA advocate met with Marcia and they collectively created a discharge plan. The hospital was not convinced that she would arrive safely at her destination, and wanted some confirmation that she would be okay. OPA was able to uncover a specific individual in a southern state who confirmed her knowledge of and prior assistance to Marcia. The hospital was still resistant to discharging her. They convened an ethics and treatment meeting composed of all immediate staff, administrative staff and Chief Legal Counsel. OPA advocates argued vehemently for her discharge plan and Marcia spoke eloquently on her own behalf. The hospital still would not discharge Marcia to her home in the south. During the following week, the hospital petitioned for conservatorship. Once appointed a conservator, Marcia was placed on a locked unit of a nursing home, where she still lives, trapped in a state she was just passing through. To be continued

Legislation

OPA's Legislative and Regulations Specialist (LRS) tracks legislative proposals that have implications for the rights of persons with disabilities in Connecticut, provides training and technical assistance on the legislative process and develops proposals to protect the rights and advance the interests of persons with disabilities. The LRS publishes a weekly Legislative Update during each legislative session and compiles an annual Legislative summary of disability related Public Acts passed during the previous legislative session. Information on legislation affecting people with disabilities can be found on OPA's website (www.ct.gov/opapd) under the "Legislative Information" section.

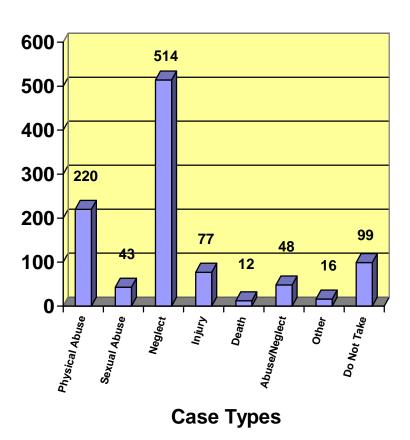
During the 2005 Connecticut Legislative Session, OPA proposed or strongly supported legislation that further enhances protection for persons with disabilities by implementing the recommendations of the Program Review and Investigations Committee relating to populations in housing for the elderly and people with disabilities (Public Act 05-239); and increasing the penalty for cruelty to persons (Public Act 05-72). OPA extensively educated policymakers concerning violation of federal statutes threatened by the requirement for a voter verified paper record on new voting machines (Public Act 05-188).

OPA also provided testimony and/or monitored additional legislation potentially affecting the lives of Connecticut citizens with disabilities in the areas such as the prevention of life threatening food allergy incidents in schools (Public Act 05-104); an increase in the unearned income disregard for people who receive state supplement (Public Act 05-243); a change in the duties of a temporary conservators (PA 05-154) and conservators who place their wards in long term care (Public Act 05-155) and changes to include trained persons who administer cartridge injectors under the good Samaritan statutes (Public Act 05-272).



OPA was active during the year in ensuring that the rights of voters with disabilities are protected. From participating in the choosing of machines to replace the current lever voting machines as required under the Help America Vote Act (HAVA) to organizing disability focus groups as part of the Secretary of the State's machine demonstration week to educating policymakers about the effects of a proposed voting bill that threatened to erode the rights of people with disabilities, OPA directed significant time and energy to this crucial issue. A particularly acute concern was ensuring the right to a private and independent vote by all people with disabilities, including those with visual impairments.

Abuse Investigation Division



OPA's Abuse Investigation Division (AID) was established in 1985 (Connecticut General Statutes Sec. 46a-11 et seq.) to investigate allegations of abuse or neglect by caregivers of adults, ages of 18 and 59, who have mental retardation. AID has the authority to conduct direct investigations involving the Department of Mental Retardation (DMR) or any other service provider. However, most reports involving clients of the mental retardation service system are directly investigated by the service agencies with OPA monitoring the internal investigation. OPA conducts primary investigations for allegations involving people living at home or otherwise outside the scope of the mental retardation service system.

AID received 1,060 allegations of suspected abuse or neglect of persons

with mental retardation, resulting in 1,029 cases. OPA staff investigated or monitored 941 cases. Ninetynine (99) allegations did not meet the statutory requirements for OPA investigation.

The 1,029 cases involved 1,192 victims: 541 females and 651 males. Over 61% of the victims resided in group homes (732) while 17% (201) lived in the family home. Victims also resided in supervised living arrangements (64), community training homes (43), regional centers (48), Southbury Training School (16), medical facilities (21), independently (15), schools (1), foster homes (2), correctional facility (1), a board and care home (1), or with respite care providers (3). The residences of 32 victims were unknown.



AID received a referral for suspected abuse in which a person with mental retardation was slapped by his psychiatrist as a consequence of grabbing the psychiatrist's arm. OPA educated the psychiatrist about the abusive nature of his conduct, substantiated physical abuse against him and made protective services recommendations that resulted in a new treating psychiatrist for the client.

Training and Community Outreach

OPA sponsored or participated in 95 training opportunities including media events, workshops, conferences, fairs, and presentations. Approximately 2,265 individuals received training on topics including the Americans with Disabilities Act, special education including changes to IDEA, vocational rehabilitation and employment, assistive technology, disability rights and resources, grassroots organizing, mental health and patient rights, entitlement programs, voting, OPA services and basic disability law. Information was disseminated to more than 1,700 people at resource fairs. Over 5,600 publications and 7,000 OPA program brochures were distributed.

The OPA web-site, www.ct.gov/opapd, received 143,972 hits during the 2005 fiscal year. The site contains current disability news and information, legislative updates, OPA self-help literature, OPA program



descriptions, links to disability-related websites, and reports on developments in the field of disability rights. It also allows individuals to ask questions or request information through an e-mail link on the site.

Support for Community Based Disability Advocacy Organizations

OPA also provides Community Outreach to a wide variety of new and existing community-based disability advocacy initiatives. During the 2005 fiscal year, OPA's community outreach staff conducted outreach activities in minority communities and assisted organizations by providing technical assistance and training on questions of organizational strategy; fundraising; board training and presentations on disability related topics; and grant writing and monitoring. OPA staff also assembled and distributed information about non-profit management and disability advocacy and rights. OPA continued its financial and staff support to Padres Abriendo Puertas (PAP) [aka-Parents Opening Doors] and African Caribbean American Parents of Children with Disabilities (AFCAMP), organizations that support minority parents of children with disabilities in Hartford and other areas of Connecticut. OPA staff also supported the work of the Connecticut Women and Disability Network (CWDN), the Americans with Disabilities Act Coalition of Connecticut (ADACC), the Connecticut Lifespan Respite Coalition (CLRC) and ADAPT.

OPA has been a sponsor of Connecticut's Family Day since it as established by state law in 1997. The Theme of Family Day,

"Valuing Connecticut's Families...It's Everybody's Business",

remains constant from year to year. OPA is involved to ensure that families of persons with disabilities are equally recognized and valued.

Fatality Review Board

Fatality Review Board Members

Kirsten Bechtel, M.D. Hamden, CT

David Carlow D.M.R. Hartford, CT

John DeMattia, Esq. Supervisory Assistant State's Attorney Rocky Hill, CT

Gerard Kerins, M.D. Madison, CT

Patricia Mansfield East Lyme, CT

Timothy Palmbach West Haven, CT

The Executive Director of OPA is the chair of the Fatality Review Board (FRB) for persons with disabilities. Established by Executive Order 25, the FRB is charged with conducting investigations into the circumstances surrounding the deaths of DMR clients "which, in the opinion of the Executive Director, warrant a full independent investigation". The FRB also has five (5) Governor-appointed members who are drawn from medical, law enforcement, and human service professions.

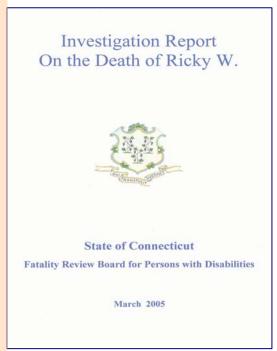
The FRB received reports of 176 deaths of persons with mental retardation during the 2005 fiscal year, 94 were men, and 82 were women. All deaths are reviewed by the FRB and nineteen (19) of these deaths warranted in-depth review, independent investigation, and discussion by the FRB and monitoring.

The largest number of deaths, or fifty-eight (58), were attributed to cardiac arrest, cardiopulmonary arrest, cardiovascular disease, or congestive heart failure. Other causes of death listed, in rank order, include thirty (30) by respiratory arrest; twenty (20) by pneumonia; twelve (12) by cancer; ten (10) by septicemia; six (6) by cerebral hemorrhage, embolism, and stroke; six (6) by seizure disorder; and four (4) by Alzheimer's disease. Among the deaths that were accidental or not anticipated include two (2) by vehicular accidents; one by one (1) by suicide; two (2) by drowning; and at least four (4) by aspiration of food or other foreign object. Three (3) causes of death are listed as "other" and eight (8) are listed as

"unknown".

Ricky, a thirty-nine year old man with mental retardation, died following a vicious assault perpetrated by five juveniles in the lobby of his apartment building. An autopsy conducted by the Chief Office of the Medical Examiner (OCME) determined that the manner of Ricky's death was "natural" and that his death was caused by complications associated with Ricky's having an enlarged heart not from the assault.

The FRB carefully reviewed all available evidence and obtained the opinions of independent medical experts, including an independent forensic pathologist. It concluded that: 1) Given Ricky's compromised health status, the stress of being harassed and assaulted likely did precipitate his untimely death; and, 2) Ricky's health care needs had been grossly misunderstood and inadequately provided for by those responsible for supporting him in the community. The FRB concluded by recommending that the Medical Examiner's Office review its findings with respect to the manner of Ricky's death, and that mental retardation service system review its practices for identifying and responding to the health care coordination needs of its clients who live in supported living arrangements.



Fiscal Facts and Figures

In the fiscal year ending June 30, 2005, OPA had a total operating budget of \$3,850,005. Of this, \$2,482,531 (65 %) was state funding and \$1,367,474 (35%) was federal funding. Personal services expenditures comprise 85% of OPA's General Fund Budget with an additional 9% expended on contracts and outside services. The remaining 6% was expended on necessary expense items including supplies, equipment, telephone, postage, and printing.

OPA Federal Expenditures for Fiscal Year 2005 Total: \$1,367,474				
U.S. Department of Education, Rehabilitation Services Administration – Client Assistance Program (CAP)	\$102,698			
U.S. Department of Health and Human Services - Protection and Advocacy for Individuals with Mental Illness (PAIMI)	\$402,881			
Connecticut Department of Social Services - Social Services Block Grant (SSBG)	\$70,885			
U.S. Department of Health and Human Services, Administration on Developmental Disabilities - Protection and Advocacy for Developmental Disabilities (PADD)	\$395,697			
U.S. Department of Education, Rehabilitation Services Administration – Protection and Advocacy for Individual Rights (PAIR)	\$200,844			
U.S. Department of Education, Rehabilitation Services Administration – Protection and Advocacy for Assistive Technology (PAAT)	\$53,499			
Social Security Administration - Protection and Advocacy for Beneficiaries of Social Security (PABSS)	\$58,387			
U.S. Department of Health and Human Services - Administration on Developmental Disabilities – Protection and Advocacy for Voting Access (PAVA)	\$36,096			
Health Rehabilitation Services Administration - Protection and Advocacy for Traumatic Brain Injury (PATBI)	\$46,487			

Major Issues Affecting People with Disabilities

State law requires OPA to report annually on the "status of services for persons with disabilities" and to "make recommendations, administrative and legislative, concerning the protection of the rights and welfare of persons with disabilities living in Connecticut". This listing reflects problems presented by people who contact OPA for assistance, reports from public forums and other discussions between agency advisory groups and consumers, and the observations of agency staff who investigate and advocate on behalf of our clients.

Abuse and Neglect of DMR Clients-Self-Directed Services

As more clients of Department of Mental Retardation (DMR) choose "self-directed" (self-determination) support options, established paradigms of abuse investigation and protective services are becoming less relevant. Because DMR clients and their families can use "self-determination" funding to purchase their own services and supports, there are fewer interactions between clients and statutorily "mandated reporters" of suspected abuse and neglect. Even if suspected abuse or neglect is reported, investigated and ultimately substantiated, traditional protective service interventions (e.g. placement in a structured residential environment or assigning a case manager to closely monitor conditions) may be perceived as heavy handed intrusions that threaten personal autonomy. Yet simply disbursing additional self-determination funds may not adequately protect the person's safety, and, in fact, may make matters worse. OPA and DMR are aware of these issues and are trying to find approaches that respect the rights of DMR clients and their families, but also assure that sound judgments are made concerning risk, safety and the abiding values of personal freedom and respect for autonomy that are the hallmarks of self-directed supports.

Housing and Transportation

Two issues perennially dominate discussions at forums on disability issues: transportation and housing. The statewide shortage of affordable, accessible housing, coupled with an equally perplexing lack of affordable, accessible transportation, conspire to limit independent living options for people with disabilities, and, together, keep thousands of people from participating in and contributing to their communities.

Imprisonment of Difficult-to-Serve People Instead of Developing Relevant Programs

Although the state is working hard to alleviate prison and jail overcrowding by releasing into the community those offenders and pre-trial suspects who pose a low risk of re-offending and who can be monitored in the community, it has been difficult to convince courts that people with psychiatric disabilities can be safely monitored in the community. The principal problem is a scarcity of relevant community-based services, the same problem that leads to unnecessary incarceration of people with psychiatric disabilities in the first place. Similarly, individuals with cognitive disabilities who have difficulty controlling their behavior or who may get into conflicts with neighbors are still unnecessarily going to prison. OPA first reported this trend in 2004. Not all of these individuals are know to the DMR service system. In fact, some with acquired brain injuries or significant learning disabilities or autism spectrum disorders arguably do not qualify for services from DMR. But many of the individuals who have experience with the criminal justice system do qualify for DMR services but cannot find adequate, relevant supports. The result is often minor but repeated confrontations with neighbors, or arrests for low level crimes such as shoplifting or substance abuse. OPA is especially concerned about the increasing number of persons with mental retardation who are becoming involved with the criminal justice system and will urge the Prison and Jail Overcrowding Commission to

work to reduce recidivism among this population by ensuring that individuals are released into stable situation.

Nursing Home Placements

Placements into nursing homes seem to be increasing both for people with psychiatric disabilities and for people with mental retardation who are aging. Nearly 3,000 people with primary psychiatric diagnoses currently reside in Connecticut nursing homes, a number of which have developed "locked units" to house them. A similar, though less dramatic trend involves people with mental retardation who are aging and acquire mobility impairments or health monitoring needs that could be accommodated in community settings if more accessible housing and health care coordination were available within the mental retardation service system.

Education

Expectations for special education students, particularly in troubled urban school systems, remain dismally low, and genuine inclusion (as opposed to ill-considered, wholesale transplantation into mainstream classrooms) is still not a reality for many children.

Need for Coordinated System of Services to Support People with Developmental Disabilities Other than Mental Retardation

Despite the fact that incidence rates for Autism Spectrum Disorders (ASD) have been dramatically increasing, Connecticut has no coordinated system of services to address the needs of these individuals (unless they also happen to have mental retardation). Support needs for these people tend to vary considerably between individuals, and, in fact, many are or would be found eligible for some type of assistance from one or another educational or vocational agency. However, absent coordination of efforts by someone positioned to see and support the "whole person", many never acquire the skills and environmental supports they need to successfully contribute in their families and communities.

Inaccessibility of Services for Deaf and Hard of Hearing People

Scarcity of qualified sign language interpreters and ignorance of accommodation needs for people who are deaf and hard of hearing continue to unfairly restrict access to mental health, vocational, governmental and generic professional services.

Disaster Response Planning

In the wake of Hurricane Katrina, advocates are becoming increasingly aware of the need to ensure that disaster response plans are drawn with genuine understanding of both the demographic realities and specific needs of people with disabilities.

Federally Mandated OPA Programs for Persons with Disabilities

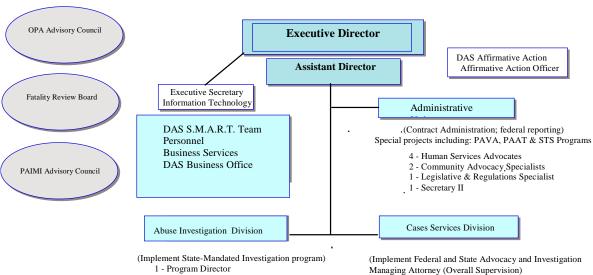
Federal Program	Program Description		
Protection and Advocacy for	PADD establishes basic requirements for all OPA programs.		
Individuals with Developmental	These include independence from service systems; access to		
Disabilities	client records; authority to conduct investigations and to pursue		
(PADD)	legal and administrative remedies on behalf of clients of the DD		
42 U.S.C. §15001 et seq.	service system; capacity to provide information and referral		
_	services; and to educate policymakers about issues of concern		
	to persons with disabilities.		
Client Assistance Program	CAP provides consultation and advocacy assistance to		
(CAP)	applicants and recipients of services provided under the federal		
29 U.S.C. §732	Rehabilitation Act. CAP's primary focus is helping clients of		
	the vocational rehabilitation service system, most notably the		
	Bureau of Rehabilitation Services (BRS) and Board of		
	Education and Services for the Blind (BESB).		
Protection and Advocacy for	PAIMI investigates allegations of abuse and neglect and other		
Individuals with Mental Illness	complaints raised by people with mental illness who reside in		
(PAIMI)	supervised facilities and in the community. PAIMI also		
42 U.S.C. §10801	advocates for appropriate discharge plans, consumer choice,		
	and respectful, relevant supports.		
Protection and Advocacy for Assistive	PAAT provides consumer education and representation in an		
Technology	effort to expand the availability of assistive technology devices		
(PAAT)	and services for people with disabilities.		
29 U.S.C. § 2001 et seq.	and services for people with disabilities.		
_			
Protection and Advocacy for Individual	PAIR is authorized to provide consultation and representation		
Rights	for people with disabilities who are not eligible for OPA		
(PAIR)	services under one of the other federally defined OPA		
29 U.S.C.§ 794e	programs.		
Protection and Advocacy for	PABSS assists beneficiaries of Social Security Disability		
Beneficiaries of Social Security	Insurance (SSDI) and Supplemental Security Income (SSI) who		
(PABSS)	need information, advice, advocacy or legal services to secure,		
42 U.S.C. §1320b-19	maintain or regain employment.		
20 CFR 411.635			
(P.L. 106-170)	DANA is shown that the most institute of most institute.		
Protection and Advocacy for	PAVA is charged with expanding participation of people with		
Help America Vote Act (PAVA)	disabilities in voting processes and protecting their rights.		
42 U.S.C. §15301 et. seq.			
(P.L. 107-252, Sec. 291)			
Protection and Advocacy for Persons	PATBI provides protection and advocacy services to		
with Traumatic Brain Injury (PATBI)	individuals who have brain injury.		
42 U.S.C. § 300 d51	mar. radius mile stam mjerj.		

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Office of Protection and Advocacy for Persons with Disabilities

Organizational Chart

Office of Protection and Advocacy for Persons with Disabilities



- 1 Assistant Program Director
- 8 Abuse Investigators
- 1 1 Secretary II

I&R Division:

- 1 Assistant Program Director.
- 3 Human Services Advocates
- 2 Receptionist/Secretary II

Legal Division:

- 3 Staff Attorneys
- 1 Secretary II

PAIMI, CAP, PATBI, PABSS:

- 1 Program Director
- 6 Human Services Advocates
- 1 Secretary II

PADD, PAIR & State Advocacy:

- 1 Assistant Program Director
- 3 Human Services Advocates